CRISWELL COLLEGE

Housing Request for Emotional Support Animal(ESA)

Student Information

- **Name: _____**
- **Student ID #: _____**

Animal Information

- **Type of Animal: _____**

Provider Information

- **Name & Title: _____**
- **Credentials: _____**
- **Specialty: _____**
- **State of License: _____ License #: _____**
- **Office Address: _____**
  _____
- **Phone: _____**
- **Email: _____**

Clinical Information

- **Date of Initial Contact with Student: _____**
- **Date of Most Recent Contact: _____**
- **Diagnosed Condition(s): _____**
- **Assessment Tools/Procedures Used: _____**

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- **Severity:**
  ☐ Mild ☐ Moderate ☐ Severe

- **Prognosis:**
  ☐ Good ☐ Fair ☐ Poor

Justification for ESA in Campus Housing:

_____

_____

_____

Provider Signature: _____ Date: _____

_____

Student Authorization

I authorize Criswell College to receive and verify this documentation.

Student Signature: _____ Date: _____